

Electrical License Renewal Form Change of Address Form

Attn: Electrical Licensing
PO Box 64227
St. Paul, MN 55164-0227
Phone: 651-284-5031
E-mail: DLI.License@state.mn.us
www.dli.mn.gov

Form is being submitted for (check all that apply)

- ☐ License Renewal
☐ Change of Address

Make a copy of completed form for your records

PRINT IN INK or TYPE

License Fee \$ (On-time, before expired)
License Fee \$ (Late 30-days after expired)

Select the appropriate fee based on your license expiration date.

License Fee Surcharge - The 2009 Minnesota Legislature assessed a \$5 or 10% surcharge, whichever is greater, on licenses to cover costs of building the Statewide Electronic Licensing System. The license fee includes this surcharge. Checks returned for nonpayment will be charged a \$30 fee (M.S. 604.113, subd. 2.)

Make check/money order payable to:

Minnesota Department of Labor and Industry

CASH IS NOT ACCEPTED BY MAIL OR WALK-IN.

DO NOT STAPLE CHECK TO APPLICATION OR PAPERWORK

Insert Your Check No.

Amount You Paid

DLI USE ONLY

RSRC

License/Registration #

DLI Date Received

4572

The data that you furnish on this form will be used by the Department of Labor and Industry to assess your eligibility to renew an individual license, personal registration, or personal certification; and/or update address information for the named individual holding the indicated license, registration, or certificate. The year of birth and last 4 digits of your Social Security Number are requested as verification of your identity to ensure only the licensee is updating their license information. All information provided on this form, except Social Security Number, is considered public pursuant to Minnesota Statutes, Chapter 13.

License Information – Must provide to change an address and/or renew license, registration, or certification

LICENSE TYPE	LICENSE/REGISTRATION/CERTIFICATE #	EXPIRATION DATE	
YEAR OF BIRTH	SOCIAL SECURITY NUMBER (last 4 digits)	PHONE NUMBER	
LAST NAME	FIRST NAME	MIDDLE INITIAL	

Current Address Information – Write in your current address information

STREET ADDRESS (PO Box must include street address)

CITY STATE ZIP CODE

Former Address Information – Must provide past address information before address may be changed

FORMER ADDRESS (PO Box must include street address)

CITY STATE ZIP CODE

Certification: I certify that I hold this license, registration, or certificate and that the information provided on this form is correct and accurate.

SIGNATURE (mandatory)

DATE SIGNED